PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AFPH()VFD FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris REINSTATEMENT -Secretary of State 00 NOV 22 PM 2: 32 DIVISION OF CORPORATIONS # F95000004438 South Atlantic Tower Corporation SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name 600003474816--**4** 3. Mailing Office Address Principal Office Address 116 Huntination Avenue 116 Huntinaton Avenue Suite, Apt. #, etc. 4. Date Incorporated or Qualified 9-13-95 To Do Business in Florida City & State City & State 5. FEI Number Boston Boston MA 59-3276766 Not Applicable Country Country CERTIFICATE OF STATUS DESIRED [for a Certificate of Status 12116 7. Name and Address of Current Registered Agent congration Street Address (P.O. Box Number is Not Acceptable Haus 1201 Suite, Apt. #, Etc. Zip Code city Tallahassee State 32301 FL 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 121/2000 Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Titles Officer and/or Director حكال 116 Huntington Avenue Storen B. Dodge Res/ CED/DI Jonathan R. Black 116 Huntination serve 021160 160 Huntington serve 16 Huntington Avenue Justin D. Benincasa 110 Hurtingen Avenue controllee 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Jonathon R. Black 1/2 SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATORE AN



ACCOUNT NO. : 072100000032

REFERENCE: 906182 4389224

AUTHORIZATION:

COST LIMIT : \$ 900.00

ORDER DATE: November 21, 2000

ORDER TIME : 11:29 AM

ORDER NO. : 906182-005

CUSTOMER NO: 4389224

CUSTOMER: Ms. Kathleen A. Quinn

AMERICAN TOWER CORPORATION AMERICAN TOWER CORPORATION

116 Huntington Avenue

11th Floor

Boston, MA 02116

DOMESTIC FILING

NAME:

SOUTH ATLANTIC TOWER

CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS: